



REPLY TO
ATTENTION OF

Contracts Office

DEPARTMENT OF THE ARMY

CONSTRUCTION ENGINEERING RESEARCH LABORATORIES, CORPS OF ENGINEERS

P.O. BOX 9005

CHAMPAIGN, ILLINOIS 61826-9005

February 13, 1998

SUBJECT: Central Contractor Registration

Dear CERL Contractor:

The Department of Defense (DoD) is mandating that contractors must be registered in the Central Contractor Registration (CCR) no later than March 31, 1998. Failure to register will result in your inability to receive copies of DoD solicitations, and will prohibit you from receiving awards (including task & delivery orders, and purchase orders) from DoD agencies.

If you have not already registered in CCR, please register as soon as possible. Registration can be accomplished in a variety of ways. The quickest and easiest method for electronic data interchange (EDI) capable firms using a Value Added Network (VAN) that deals with the Government, is to register through an electronic transaction known as an "838 Trading Partner Profile." The preferred method of registering is via the internet at <http://ccr.edi.disa.mil/ccr/>. You may also register by using the enclosed two page form and mailing your registration to one of the addresses listed below:

- a. Firms with legal business names beginning with the letters A-K, or a number:
CCR Registration Assistance Center
2000 South Loop 256, Suite 11
Palestine, TX 75801
- b. Firms with legal business names beginning with the letters L-Z:
CCR Registration Assistance Center
1450 Scalp Avenue
Johnstown, PA 15904

If you have any questions regarding this issue, please contact the CCR Registration Assistance Center at 1-800-334-3414, from 8 a.m. to 6 p.m. EST.

Sincerely,

Deloras J. Adamson
Contracting Officer

Enclosure

Central Contractor Registration (CCR) Application

Call 1-888-227-2423 for help on filling out the registration form. This form will facilitate registration on-line at our web site at <http://www.acq.osd.mil/ec>. ALL fields on pages 1 and 2 are required unless otherwise noted. Be sure to keep a copy of the completed form for your records.

GENERAL INFORMATION

DUNS number¹ _____ + _____ Plus Four (if applicable) CAGE Code for address below (OPTIONAL)² _____

US Federal TIN³ _____ - _____ OR _____ - _____
Employer Identification Number (EIN) Social Security Number (SSN)

Legal Business Name (Company or Individual Name - Must match TIN) _____ Doing Business As (if applicable) _____

Street Address _____

Street Address _____

City (OPTIONAL) _____ State _____ Zip or Postal Code _____ Country _____ County Name _____

Division Name (if applicable) _____ Division Number (if applicable) _____
_____/_____/_____ \$ _____ .00
Date Business Started Accounting Period Average # of Average Annual Revenue
(month/day/year) Closes (month/day) Employees (use 3 year average)

TYPE OF BUSINESS

- Corporate Status: (select only one) ☐ Sole Proprietorship ☐ Partnership
☐ Corporation (Indicate where incorporated: State _____ OR Country _____)
☐ Corporation providing medical & health care services
☐ Hospital or extended care facility exempt from taxation

Check all that apply to your company (At least one must be checked)

<input type="checkbox"/> Tribal government	<input type="checkbox"/> Educational Institution	<input type="checkbox"/> 8(a) Program Participant	<input type="checkbox"/> Minority owned
<input type="checkbox"/> Research Institute	<input type="checkbox"/> Municipality	<input type="checkbox"/> Service Location	<input type="checkbox"/> Woman owned
<input type="checkbox"/> Sheltered workshop	<input type="checkbox"/> Emerging Business / Other unlisted type	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Small Disadvantaged Business
<input type="checkbox"/> Nonprofit Institution	<input type="checkbox"/> Construction firm	<input type="checkbox"/> Surplus dealer	<input type="checkbox"/> Veteran owned
<input type="checkbox"/> Historically Black College/University	<input type="checkbox"/> Federal, State, County, or City Facility	<input type="checkbox"/> Subgroup	<input type="checkbox"/> American Indian owned
<input type="checkbox"/> Foreign Supplier		<input type="checkbox"/> Labor Surplus Area Firm	<input type="checkbox"/> Limited Liability Company
		<input type="checkbox"/> S Corporation	

GOODS & SERVICES

List all SIC codes⁴ that identify your company's specific industry (at least one code must be entered; codes are either 4 or 8 numeric digits): _____, _____, _____, _____, _____

¹ Data Universal Numbering System - Call Dun & Bradstreet at 1-800-333-0505 or 703-824-8383 if unsure.

² Commercial and Government Entity Code - If you do not have a CAGE Code, one will be assigned to you, call DLSC-Defense Logistics Service Center at 1-888-352-9333 if unsure.

³ Taxpayer Identification Number - Call the IRS at 1-800-829-1040 if unsure. The TIN may be used by the Government to collect and report on any delinquent amounts arising out of the offeror's relationship with the Government (31 U.S.C. 7701 (c) (3)).

⁴ Contact your regional PTAC - Procurement Technical Assistance Center to determine your SIC-Standard Industrial Classification codes. Call 703-767-1650 to locate your regional PTAC.

FINANCIAL INFORMATION FOR CONTRACT PAYMENT
EFT - Electronic Funds Transfer (call your Financial Institution for assistance)

Financial Institution Name _____

American Bank Association (ABA) Routing/Transit ID # _____

Account Number _____

Type of Account: ☐ Checking
☐ Savings

Lockbox Number (if applicable): _____

Authorization Date: ____/____/____ (EFT info is valid as of this date. If blank, defaults to date of application.)
(month/day/year)

ACH (Automated Clearing House) Coordinator for Financial Institution

Minimum of one of the following four must be entered: (Note: ACH format will be Corporate Trade Exchange (CTX))

(____)____ - _____ (____)____ - _____
1. Phone Number 2. Int'l phone # (if applicable) 3. Fax Number 4. Email (if available)

Registrant's Accounts Receivable Point of Contact Information: Name _____

(____)____ - _____ (____)____ - _____
1. Phone Number 2. Int'l phone # (if applicable) 3. Fax Number (Optional) 4. Email (if available)

Remittance Address for payment statement

Check here to use same address as business address on Page 1 ☐, otherwise, fill out information below:

Remittance Name _____

Street Address _____

Street Address _____

City _____

State _____

Zip or Postal Code _____

Country _____

REGISTRATION ACKNOWLEDGMENT

I hereby acknowledge that the information provided is current, accurate, and complete as of the date of this submission.

Print Name Telephone Number (____)____ - _____ Date (month/day/year) ____/____/____

I prefer to receive CCR
correspondence through:
(select only one)

☐ Fax, my fax # is: (____)____ - _____
☐ Email, my email address is: _____
☐ Mail, send correspondence to the business address listed on the Page 1

Who else (point of contact) can we Name: _____ Telephone #: (____)____ - _____
contact to answer questions on this form? (If blank, defaults to Registration Acknowledgment Name)

Thank you for your cooperation.